POSITION	INITIALS	ID NO.	DATE
	n̄ℓ		04/15.01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		ᴄ	5/31/01
FORMALITY REVIEW	AM	917	06-15-c1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
—	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
1		1/5-3/01	51		11/3/01		101	
	2			52			102	
	3			53			103	
	4			54			104	
	5			55			105	
	6			56			106	
	7			57			107	
	8			58			108	
	9			59			109	
	10			60			110	
11				61			111	
	12			62			112	
	13			63			113	
	14			64			114	
	15			65			115	
	16			66			116	
	17			67			117	
	18			68			118	
	19			69			119	
	20			70			120	
21				71			121	
	22			72			122	
	23			73			123	
	24			74			124	
	25			75			125	
	26			76			126	
	27			77			127	
	28			78			128	
	29			79			129	
	30			80			130	
31				81			131	
	32			82			132	
	33			83			133	
	34			84			134	
	35			85			135	
	36			86			136	
	37			87			137	
	38			88			138	
	39			89			139	
	40			90			140	
41				91			141	
	42			92			142	
	43			93			143	
	44			94			144	
	45			95			145	
	46			96			146	
	47			97			147	
	48			98			148	
	49			99			149	
	50			100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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